

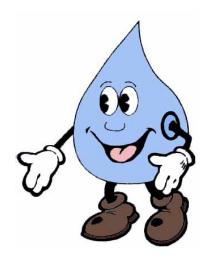
## UTILITY BILLING DIRECT PAYMENT FORM

## THREE EASY STEPS

- 1. Complete attached form.
- 2. Attach a voided check or savings deposit slip to form.
- 3. Submit form by mail or drop off at:

City of Eau Claire 203 S. Farwell St. PO Box 909 Eau Claire, WI 54702

Questions - Contact Utilities at (715) 839-4954



## KEEP THIS COPY FOR YOUR RECORDS

<u>Stop Payments</u> – Stop payments can be issued up to three days prior to your payment date. As with checks, you are responsible for any charges associated with the stop payment. You may be required to provide written confirmation of the stop payment to your financial institution.

Record of Payment – Your monthly bank statement will indicate the amount and date of your automatic transfer. Retain this record as proof of payment for future reference regarding your billing. If a question arises regarding your transfer or if the amount differs from your bill, you must notify us and your financial institution within 60 days of the date of the questioned statement. Your financial institution will advise you of rights concerning an error

<u>Availability of Funds</u> – You are responsible for having enough money in the account you designated on your payment date. As with checks returned for non-sufficient funds, there is a NSF charge on all returned automatic payments for non-sufficient funds. Direct payment may be canceled if a payment is returned.

<u>Payment Date & Amount</u> – The payment amount and the date this amount will be transferred from your bank account will be clearly stated on your quarterly utility statement.

<u>Termination</u> – Your service will remain in effect unless we receive written notice from you 10 days prior to the next scheduled billing date or until your service is terminated. Additionally, you must provide the same notice if you have closed your bank account.

Account/Address Change - Notify the City of Eau Claire of any account or address changes as soon as possible for uninterrupted billing.

CUT ALONG LINE	AUTHORIZATION FORM	CUT ALONG LINE
CUSTOMER NAME	F	MAIL ADDRESS
ADDRESS		UTILITY ACCOUNT # (from statement)
DAY TIME PHONE	CELL PHONE	
FINANCIAL INSTUTUTION'S NAME		
(Please check one) CHECKING ACCOUNT	OR SAVINGS ACCOUNT	
BANK ROUTING NUMBER	ACCOUNT NUMBER_	
I authorize the City of Eau Claire to initiate entries to my (our) account as described above. This authority is to remain in full force and effect until the City has received written notification from me of its termination is such time and manner as to afford the City a reasonable opportunity to act on it.		
SIGNATURE		DATE
SIGNATURE OF JOINT ACCOUNT HOLD	ER	DATE
Attach a voided check for a checking account or a deposit slip for savings		